

Name
in
Full

Ida Babylon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

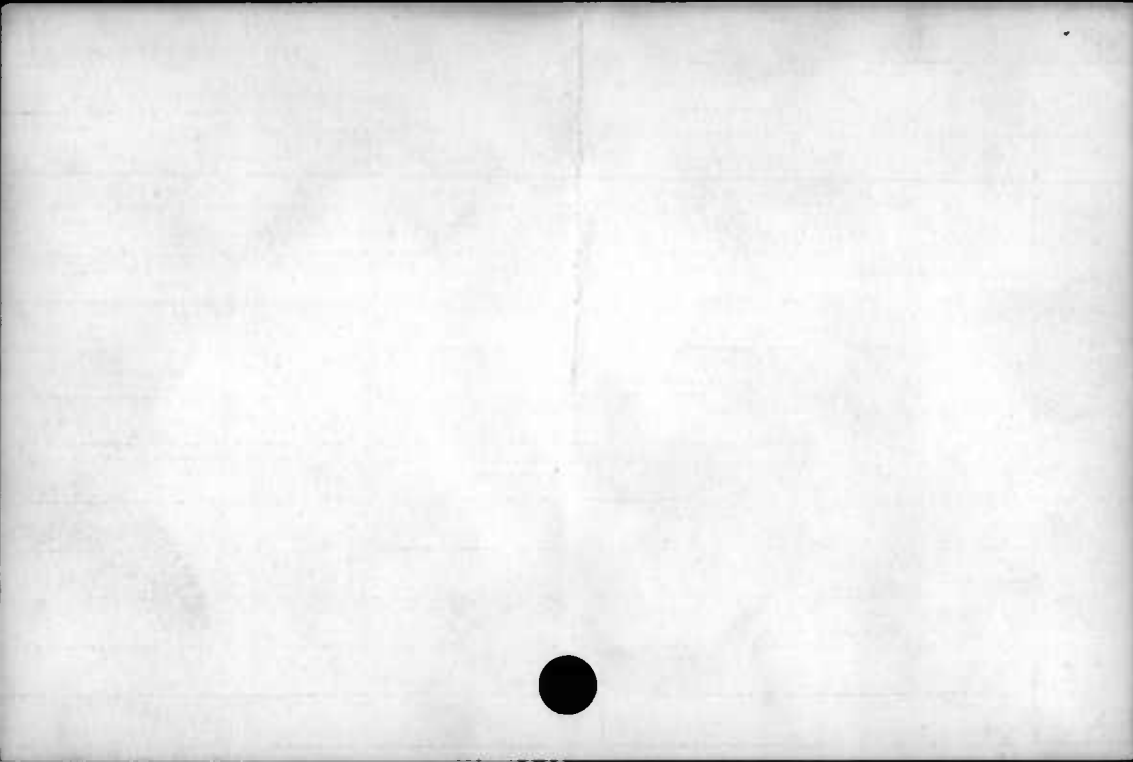
Died at <i>Springfield State Hosp. Lykesville</i>		County <i>Carroll</i>		MAYLAND	
Date of death 1903	Month <i>3</i>	Day <i>14</i>	Age <i>44</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife <i>Alfred S. Babylon</i>					
Father's Name <i>Leroy Haufley</i>			Father's Birthplace <i>?</i>		
Mother's Maiden Name <i>Sarah Cole</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Alfred S. Babylon</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

Primary <i>Morphinism</i>	How long <i>7 or 8 years</i>
Immediate <i>Cardiac Failure</i>	How long <i>Sudden Death</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Norfolk Morris M.D.</i>
	Address <i>Springfield State Hospital Lykesville Carroll Co. Md.</i>
Accident or Suicide? <i>No.</i>	

PHYSICIAN
OR CORONER

J



J. A. Barnhardt

Town

County

Died at Mrs Windsor Carroll

MARYLAND

Date 1903	Month March	Day 6	Y. 3	M. 2	D. 10	Native of Md.	Occupation -
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living			

Husband of

Wife

Father's Name	Bnd Barnhardt.	Mother's Maiden Name
---------------	----------------	----------------------

Cause of	Primary	Whooping Cough	8	How long sick	2 wks
Death	Immediate	Heart Failure		Accident, Suicide, Homicide	

Reported by G. Cragg Winterman

Address Mrs Windsor Carroll Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Edgar B Baseman

Town

County

MARYLAND

Died at Westminster

Carroll

Date 1903	Month Mar	Day 14	Y. 27	M. D.	Native of Md	Occupation Clerk
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's

Name

Wm B Baseman

Mother's

Maiden Name

Emily J. Stocksdale

Cause of

Primary

Tuberculosis

How long sick

6 mos.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Chas. R. Foutz, M.D.

Address

Westminster, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76899



Name in Full

Certificate of Death

Myrtle

Baukert

Town

County

Died at

Lanctown

Carroll-

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3. 3.

Age

14-5-10

md.

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
Wife

Father's

Name

Charles Baukert

Mother's

Name

Lydia J. Baukert

Cause of

Primary

Pneumonia

93

How long sick

4 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

L. W. Weaver

Address

Lanctown

md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Infant

Town

County

Died at

Sykesville

Carroll

MARYLAND

Date 1903

Month

Day

3

11

Age

Y.

M.

D.

Native of

Occupation

Md

Male

~~Female~~

Married

Widow

Divorced

~~Female~~

Colored

Single

~~Widow~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

B. F. Brooks

Alice A. Anderson

Cause of

Primary

Still Born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Laura Johnson

Md. Wife

Address

Sykesville

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

324 John A Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Warfieldsbury^{County} CarrollDate of death 1903 ^{Month} Mar ^{Day} 1Age ^{Years}^{Months}^{Days}

Sex male

Color or
Race

Colored

Birth-
place

Warfieldsbury

Married, Single
or Widowed

Married

Occupation

Farmer

Name of Wife or
HusbandFather's
Name

Brown

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in formation

Brown

How related
to deceased

Son

CAUSES OF DEATH

Primary

Lung disease

How long

6 weeks

Immediate

Heart

How long

one day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
PhysicianW. L. P. &
W. L. M. & W. L. M.

Address



Accident or Suicide?

PHYSICIAN
OR CORONER

Mesley Chapel

Name
in
Full33⁰ Olive Pearl Cagle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Reese Town Carroll County

Date of death 190 3 Month March Day 2nd Age 17 Years Months 6 Days 18

Sex Female Color or Race White Birth-place Maryland

Married, Single or Widowed Single Occupation _____

Name of Wife or Husband _____

Father's Name Harry D. Cagle Father's Birthplace Maryland

Mother's Maiden Name Ada B. Gorsuch Mother's Birthplace Maryland

Name of person giving information Harry D. Cagle How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Bright Disease How long 5 days

Immediate Uremic Coma How long 3 h

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Jos. D. Hering
Westminster

Accident or Suicide?

Society House / Circulars

Name
in
Full

336

William

Cable

CERTIFICATE OF DEATH

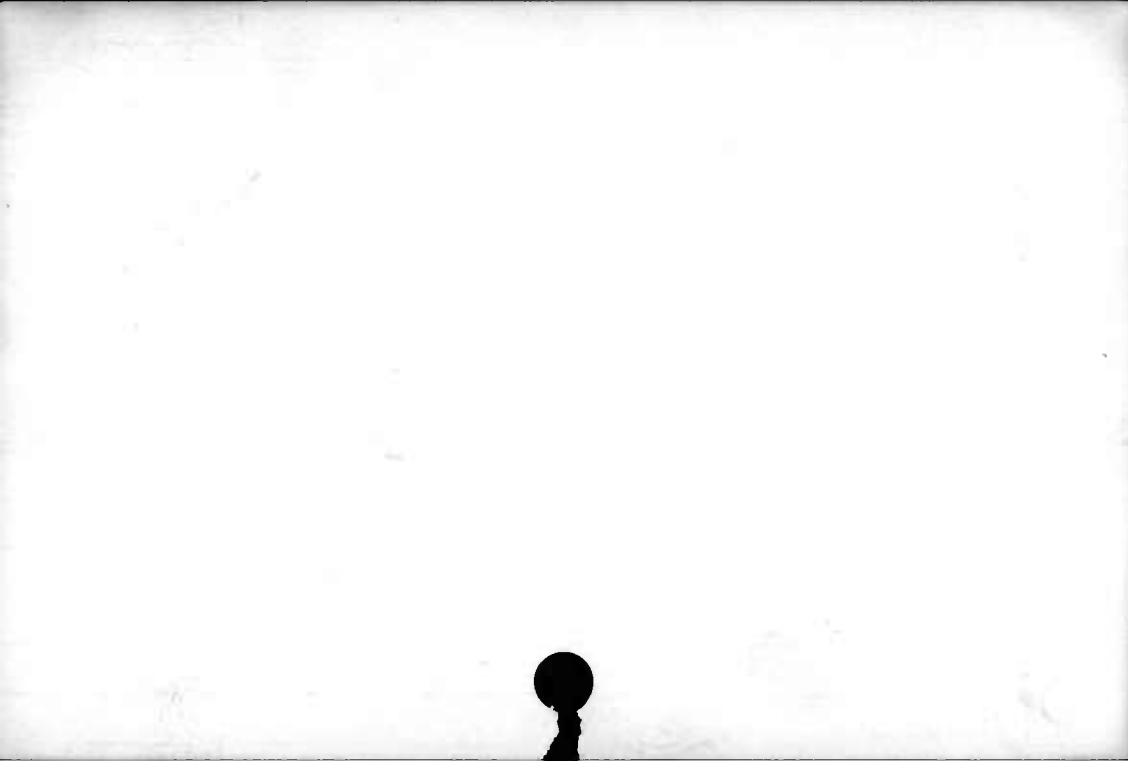
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gambler		County Carroll		MARYLAND	
Date of death 1903	Month Mar	Day 6	Age 87	Years	Months	Days	
Sex Male	Color or Race white		Birth- place Md				
Married, Single or Widowed		married		Occupation Farmer			
Name of Wife or Husband Mary M. Homer							
Father's Name William Cable				Father's Birthplace Md			
Mother's Maiden Name Margaret Riley				Mother's Birthplace Md			
Name of person giving In formation Virginia Stansbury				How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	
Immediate	Paralysis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		S. N. Gorman M.D.	
Address		Gambler Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

341

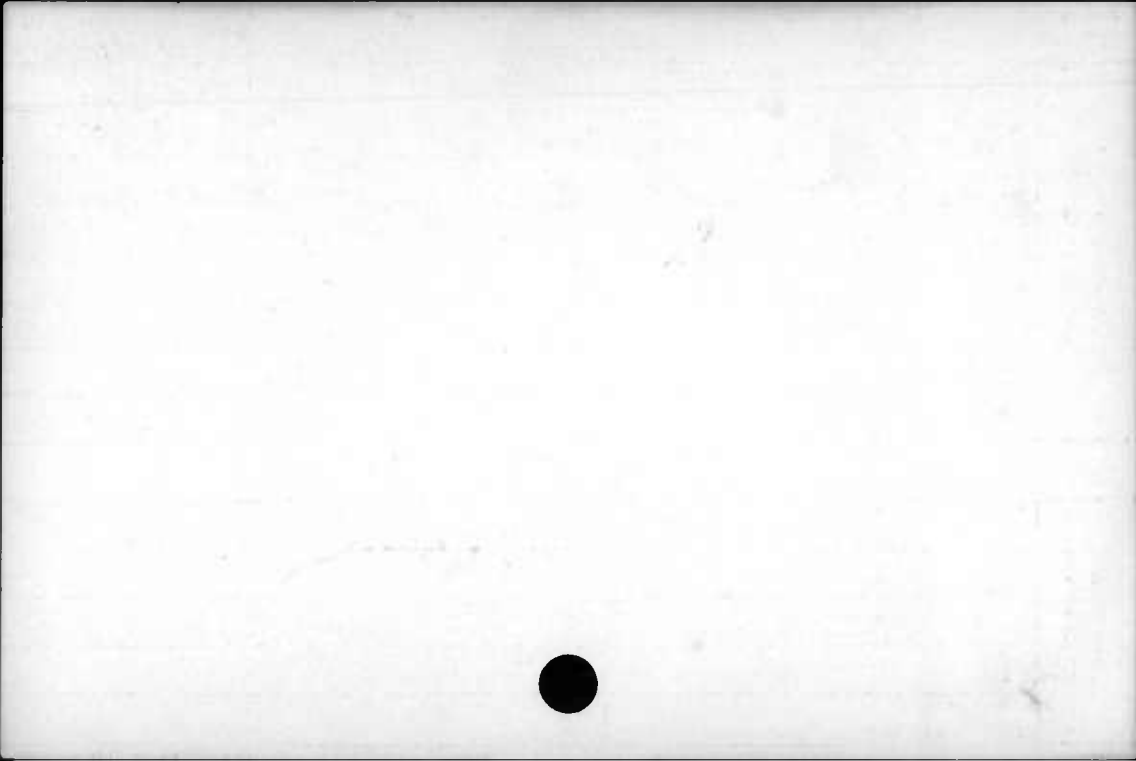
Charles P Cassell

Died at		Town		County		MARYLAND					
Date of death 190		3	Month	24	Day	47	Years	Months	10	Days	
Sex		Male		Color or Race		White		Birth-place		Maryland	
Married, Single or Widowed		Married		Occupation		Book Keeper					
Name of Wife or Husband		Maggie Robinson									
Father's Name		Rudben Cassell					Father's Birthplace				Maryland
Mother's Maiden Name		Margaret Margaret					Mother's Birthplace				do
Name of person giving information		Henry Cassell					How related to deceased				Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Emphysema with Dilated Heart		How long	Several years
Immediate	Congestion of Lungs, Heart failure		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		L. K. Woodward, M.D.		
Address		Westminster, Md.		
Accident or Suicide?				



Name
in
Full

Perry, O. Clark

CERTIFICATE OF DEATH

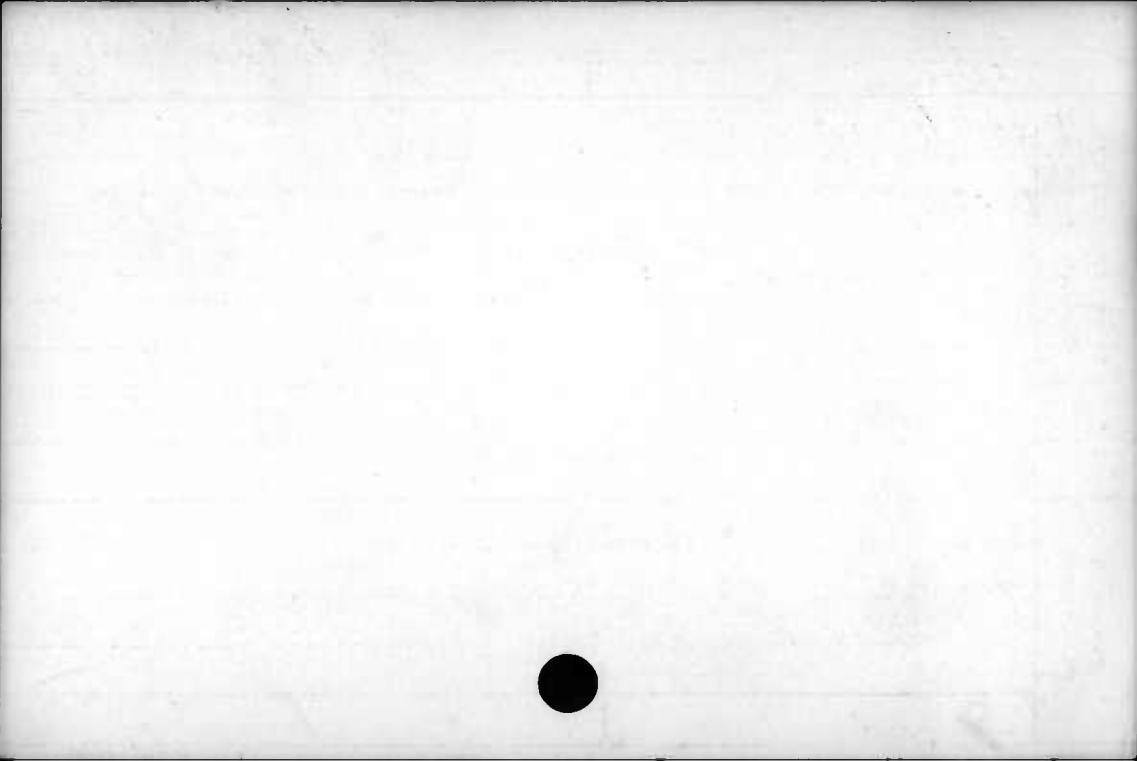
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death 190	3	Month Mar	Day 19	Age 80	Years -	Months -	Days -
Sex Male		Color or Race Colored		Birth- place Westminster			
Married, Single or Widowed Widower		Occupation Retired					
Name of Wife or Husband							
Father's Name Don't know				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation Joseph Wilcox				How related to deceased Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Old age	How long	54 months
Immediate	Heart Failure	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. S. Mathias	
		Address Westminster Md	
Accident or Suicide?			



Name in Full

Certificate of Death

Jacob Cornell

D Gardner

Died at Harney

Town

Carroll

County

MARYLAND

-03

Month Day

3 12

Y. M. D.

71

Native of Md

Occupation

Farmer

Date 1893

Age

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Two

Husband of Harriett Allesperger

Father's Name Carl - 8st

Mother's Name Carl - 8st

Cause of Death { Primary Senile Degeneration
Immediate Exanthion 154

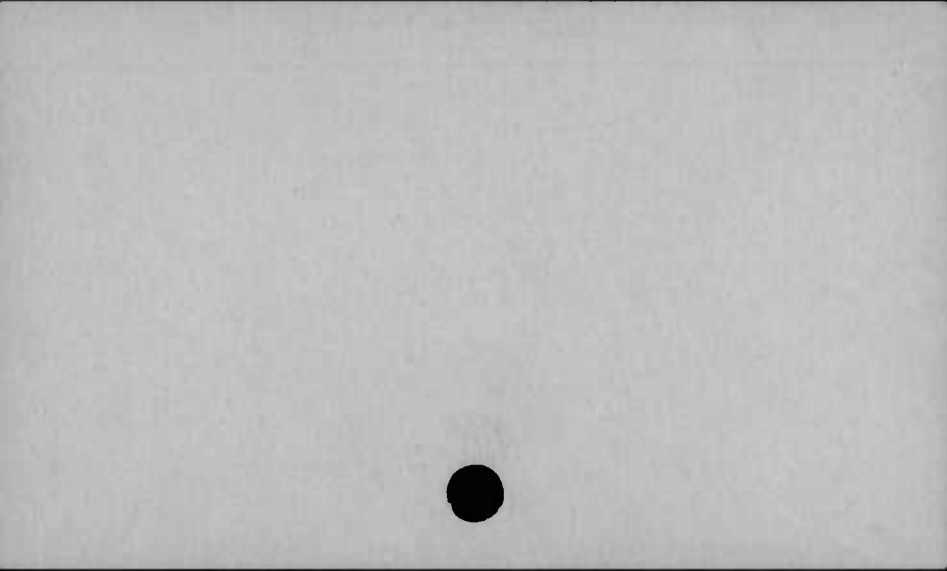
How long sick 2 Weeks

Accident, Suicide, Homicide

Reported by J. Harry Gardner M.D.
Harney Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

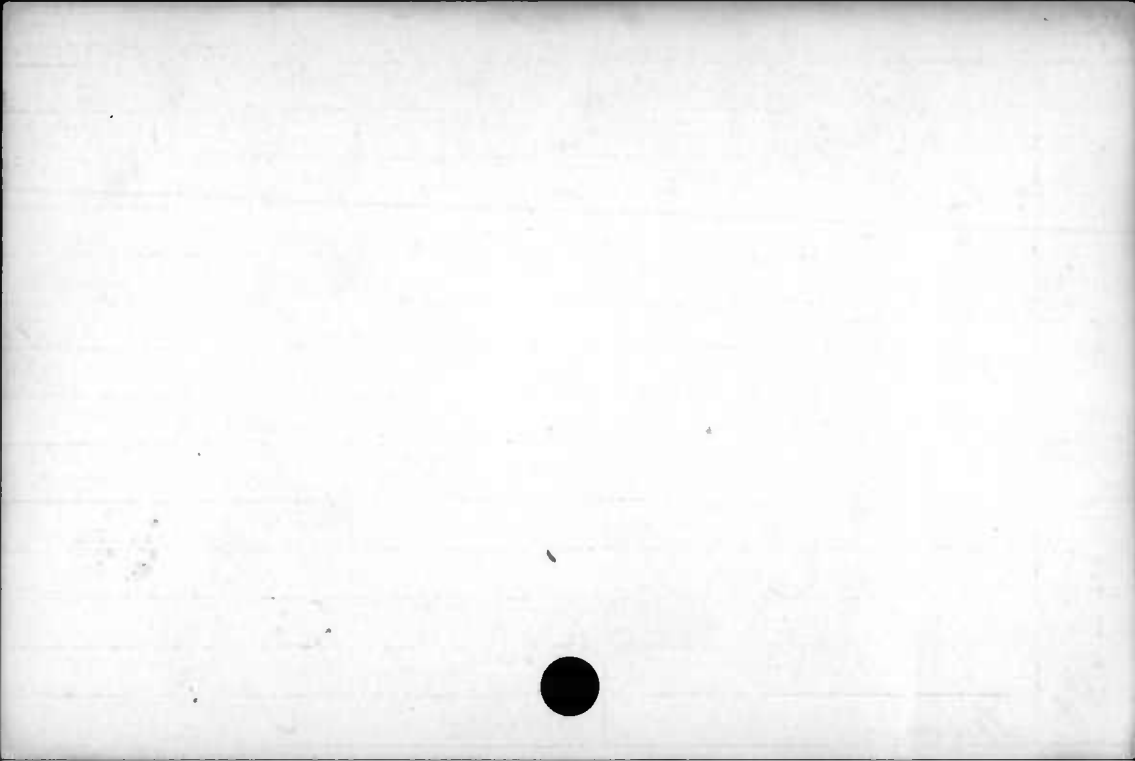
CERTIFICATE OF DEATH

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>24th</i>	Age <i>59</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>		Occupation			
Name of Wife or Husband <i>George Dorsey</i>					
Father's Name <i>Simon Goodwin</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Kesior Bell</i>		Mother's Birthplace <i>Idi</i>			
Name of person giving information <i>William Dorsey</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>General Debility</i>	How long	<i>2 or 3 years</i>
Immediate	<i>Convulsions - coma -</i>	How long	<i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas R Foutz, M.D.</i>
		Address	<i>Westminster, Md.</i>
Accident or Suicide? <i>-</i>			



Name In Full

Certificate of Death

33 1/2 Elizabeth Fisher

Town

County

MARYLAND

Died at

Tannery

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

March 6

Age

52-4-9

Ma

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

none

Husband of

Stanfield Fisher (Deceased)

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Peritonitis

How long sick

1 day

Death

Immediate

116

Accident, Suicide, Homicide

Reported by

Thos J. Gorman M.D.

Address

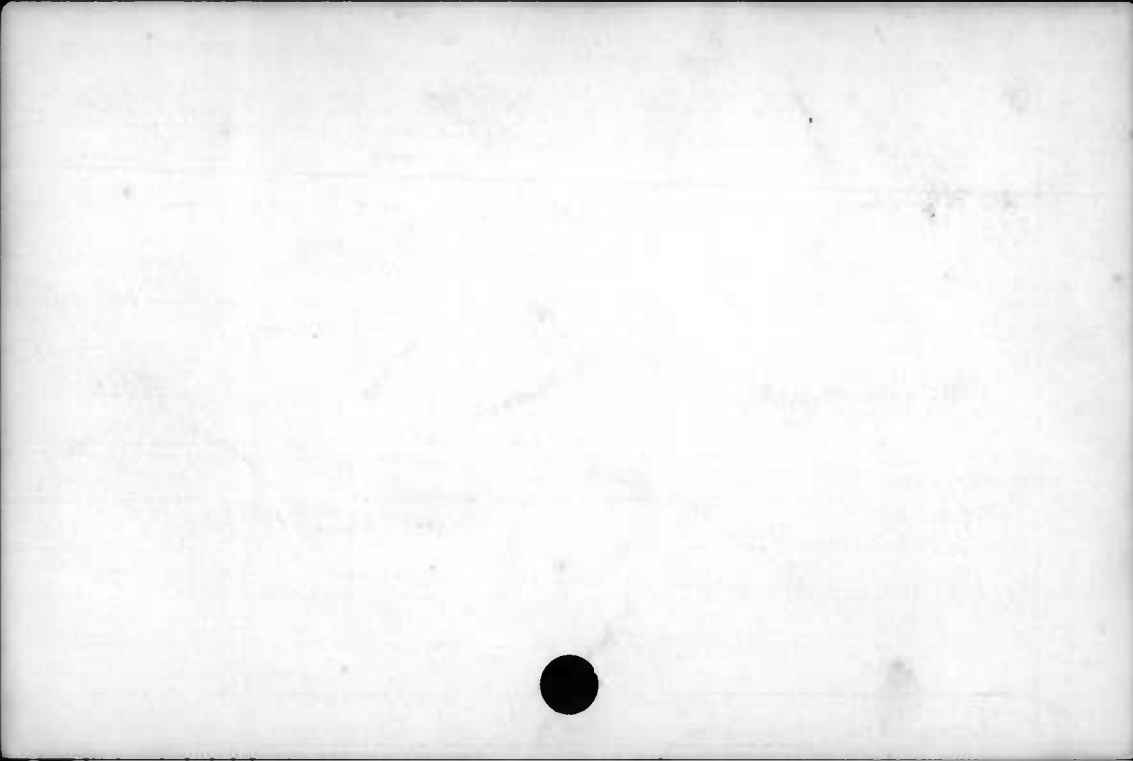
Washington
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

St-Benjamin's cemetery.

Name in Full		Levi Fleagle				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Fryzeelburg Md	County Carroll		MARYLAND	
		Date of death 1903	Month March	Day 2	Age 91	Years 3	Months 1	Days
		Sex Male	Color or Race White		Birth- place Fryzeelburg			
		Married, Single or Widowed Widower		Occupation Stone Mason				
		Name of Wife or Husband						
		Father's Name John Fleagle Sr		Father's Birthplace Fryzeelburg				
Mother's Maiden Name Elizabeth Hahn		Mother's Birthplace						
Name of person giving In formation W. L. Fleagle		How related to deceased Son						
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Old age or General Debility			How long one week			
		Immediate			How long			
		Are the name, age, sex, color, date and place correctly given above? Yes			Signature of Physician 154 Jacob Kinchant M.D.			
					Address Fryzeelburg Md.			
Accident or Suicide?								



Ezra N. Frock

Town

County

Died at Manchester

Carroll

MARYLAND

Date 1903 March 23 | Age 37 2 23 | Native of Maryland | Occupation Farmer

Male White Married Widowed ~~Divorced~~

Female Colored Single Widower

Number of children living 2

Husband of Lizzie A. Rhodes

~~Wife~~

Father's Name Henry Frock

Mother's Maiden Name Miss Bish

Cause of Death { Primary Tuberculosis 27

How long sick 4 years

Death { Immediate

Accident, Suicide, Homicide

Reported by J. H. Sherman M.D.

Address Manchester Carroll Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Leta Froese

S. Piller

Town

County

MARYLAND

Died at

Haysville

Carver

Date 19

03 Mar. 16

Age

13.7.

Native of

Md.

Occupation

None

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Brain & Nervous System

How long sick

3 days -

Death

Immediate

Convulsions

~~Accident, Suicide, Homicide~~

Reported by

C. H. Diller

Address

S. P. Creek

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elyai Frounfaller

Town

County

Died at New Windsor

Carroll Co.

MARYLAND

Date 1903 March 14.

Month Day

Age 63

Y. M. D.

Native of

Occupation

Maryland

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Diabetes

50

How long sick

Death

Immediate

Accident, Suicide, Homicide

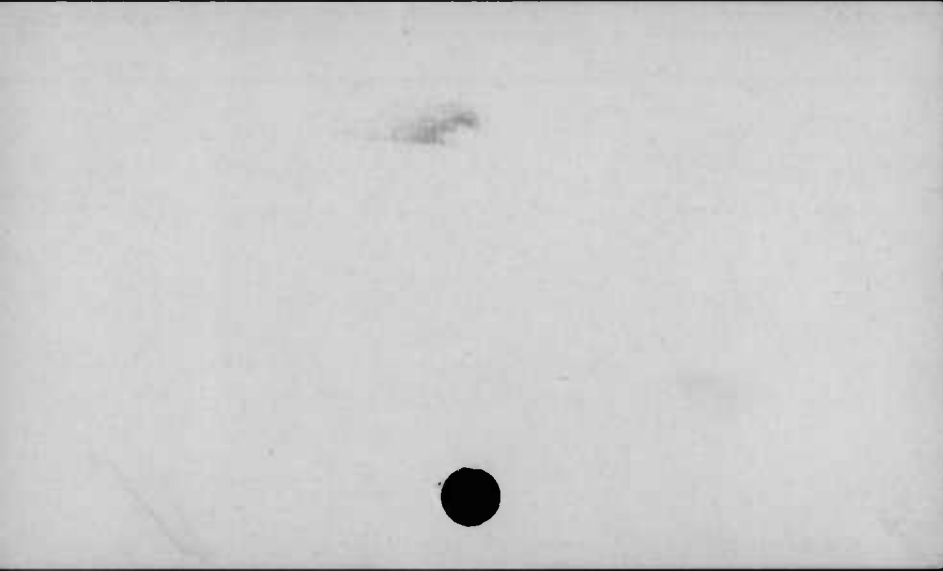
Reported by

G. C. Winterman M.D.

Address

New Windsor.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Harry Baughen Gore

CERTIFICATE OF DEATH

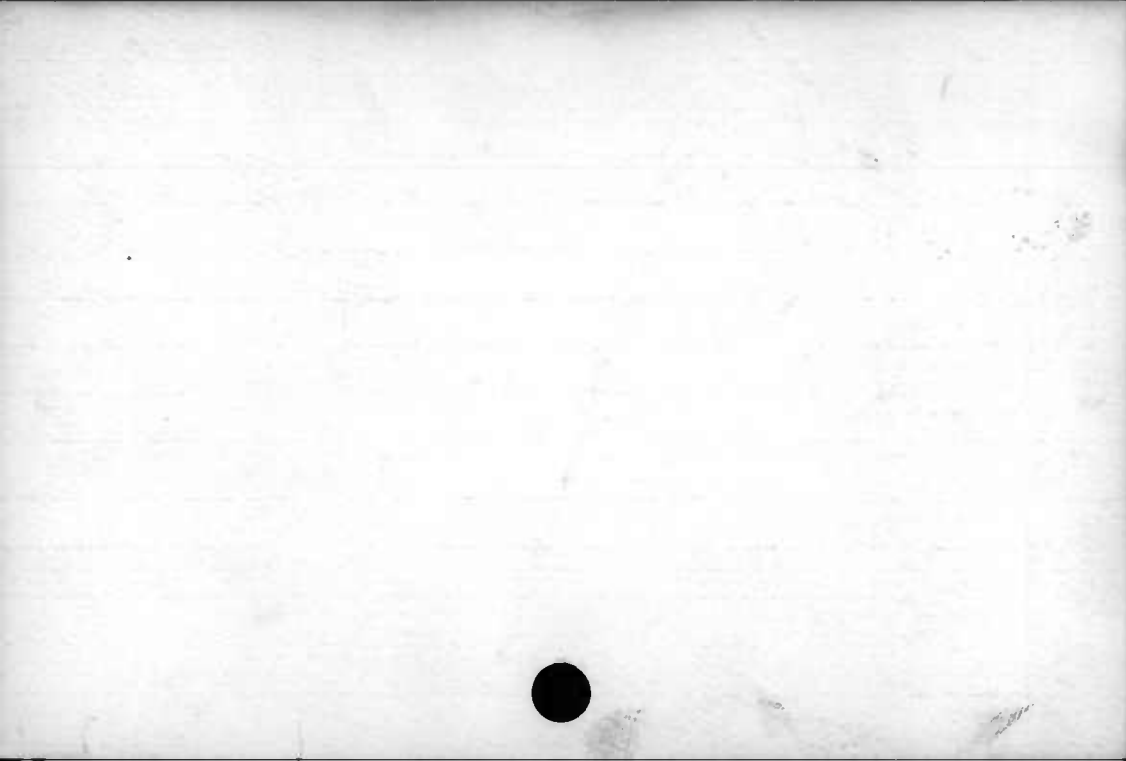
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Louisville</i> ^{Town}		<i>Carroll</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Mar</i>	Day <i>15</i>	Age <i>1</i>	Months <i>2</i>	Days <i>13</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Md</i>	
Married , Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Hillary Brown Gore</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Flarence E. Harden</i>			Mother's Birthplace <i>Md</i>		
Name of person giving in formation <i>"</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>1 week</i>
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. N. Gouardo</i>
	Address <i>Gaucher Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Charlotte Haines

Town

County

MARYLAND

Died at

Drummas

Carroll

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

Mar 17

Age

63

Md.

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Percy Haines

Wife

Father's

Name

Ezekiah Pickett

Mother's

Maiden Name

Charlotte Bennett

Cause of

Primary

Valvular Heart Disease

How long sick

Sudden.

Death

Immediate

79

-Accident, Suicide, Homicide

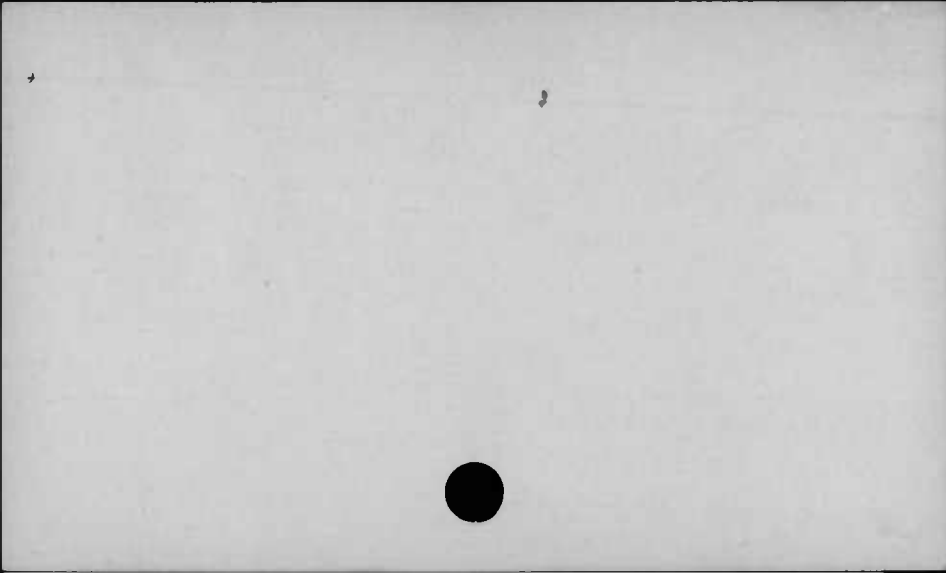
Reported by

F. T. Brock, MD

Address

Marston Md. Carroll County

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in Full

33² *Engenia E Hayden*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death 190	<i>3</i> Month	<i>4</i> Day	Age <i>69</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>William N. Hayden</i>					
Father's Name <i>Aston B. Scott</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Ann. Boyle</i>		Mother's Birthplace <i>Ido</i>			
Name of person giving information <i>Geo J. Fouch K 74</i>		How related to deceased <i>Son-in-law</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nervous Exhaustion</i>	How long
Immediate <i>Debility</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm J. Wells</i>
	Address <i>Westminster</i>
<i>Accident or Suicide?</i>	

St Johns Catholic Church,

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

8

337 Edward G Hoff

CERTIFICATE OF DEATH

Died at <i>Sandyville</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>March</i> <small>Month</small>	<i>10</i> <small>Day</small>	Age <i>39</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i>15</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Teacher</i>			
Name of Wife or Husband _____					
Father's Name <i>Jacob Hoff</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Mary Uhler</i>			Mother's Birthplace <i>Ido</i>		
Name of person giving information <i>Jacob Hoff</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

Primary <i>Pulmonary Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Tubercular Meningitis</i>	How long <i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D Wells</i>
	Address <i>Westminster</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

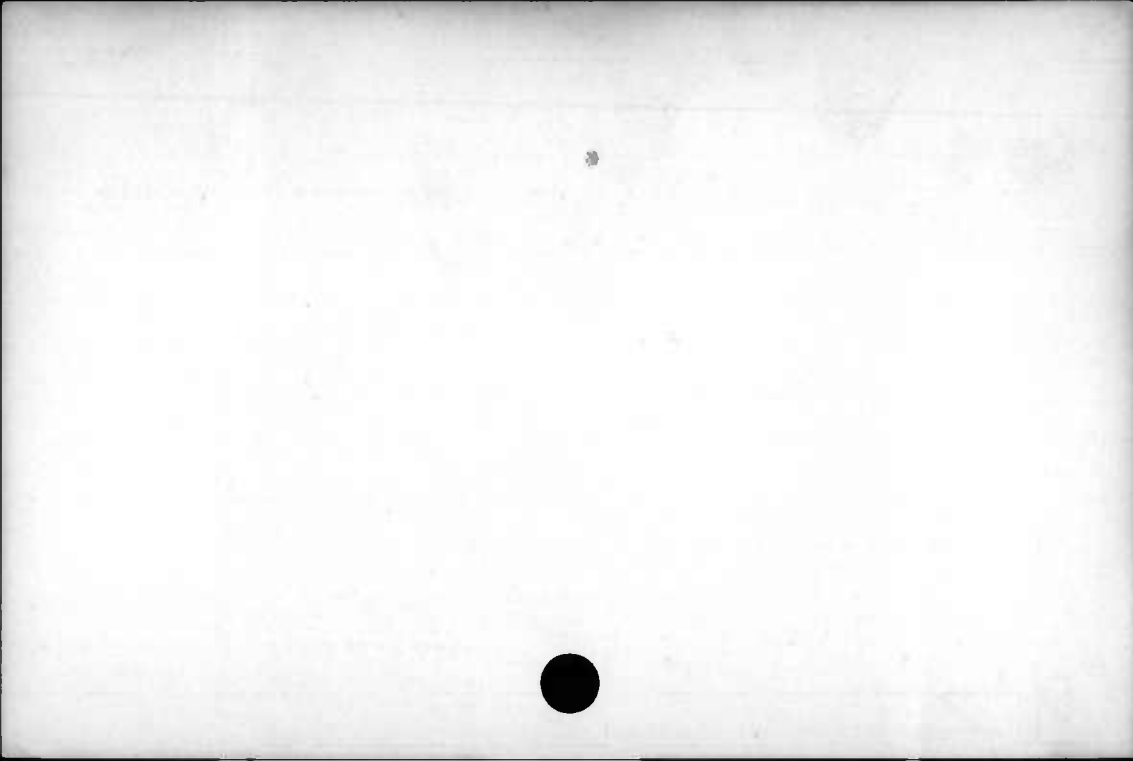
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Near Eamber</u> ^{Town}		<u>Carroll</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>mar</u>	Day <u>16</u>	Age <u>—</u>	Months <u>5</u>	Days <u>15</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Near Eamber</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>Tison Johnson</u>			Father's Birthplace <u>Carroll Co</u>		
Mother's Maiden Name <u>Laura Kelley</u>			Mother's Birthplace <u>Near Eamber</u>		
Name of person giving information <u>Charles Kelley</u>			How related to deceased <u>Uncle</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>measles</u>	How long <u>3 days</u>
Immediate <u>Pneumonia</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>D. S. McGorsuch</u>
	Address <u>Eamber Md.</u>
Accident or Suicide?	



Name in Full

Certificate of Death

334 Alfred Logue

Town

County

Died at near Westminster Carroll

MARYLAND

Date 1903	Month Mar.	Day 7	Y. 4	M. 2	D.	Native of Md	Occupation Farmer
Male	White	Married	Widow	Divorced			
Female	Colored	Single	Widower	Number of children living	9		

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of	Primary	Obstruction of bowels	How long sick	6 days
Death	Immediate	Heart failure	Accident, Suicide, Homicide	

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Warfieldsburg cemetery.

Name In Full

Certificate of Death

Lelotte V. Miller

Town

County

Carroll

MARYLAND

Died at

millers

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

March

16

Age

19

6

26

Maryland

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 2

Husband

of

Wm H Miller

Wife

Father's

Name

Daniel Bowblitz

Mother's

Maiden Name

Nellie Bowblitz

Cause of

Primary

Inoculation

How long sick

7 days

Death

Immediate

Pentoxites

137

Accident, Suicide, Homicide

Reported by

J N Sherman M.D.

Address

Manchester

Carroll Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78808



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

03 March 19

Age

11.

1

Maryland

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Lydia Miller

CERTIFICATE OF DEATH

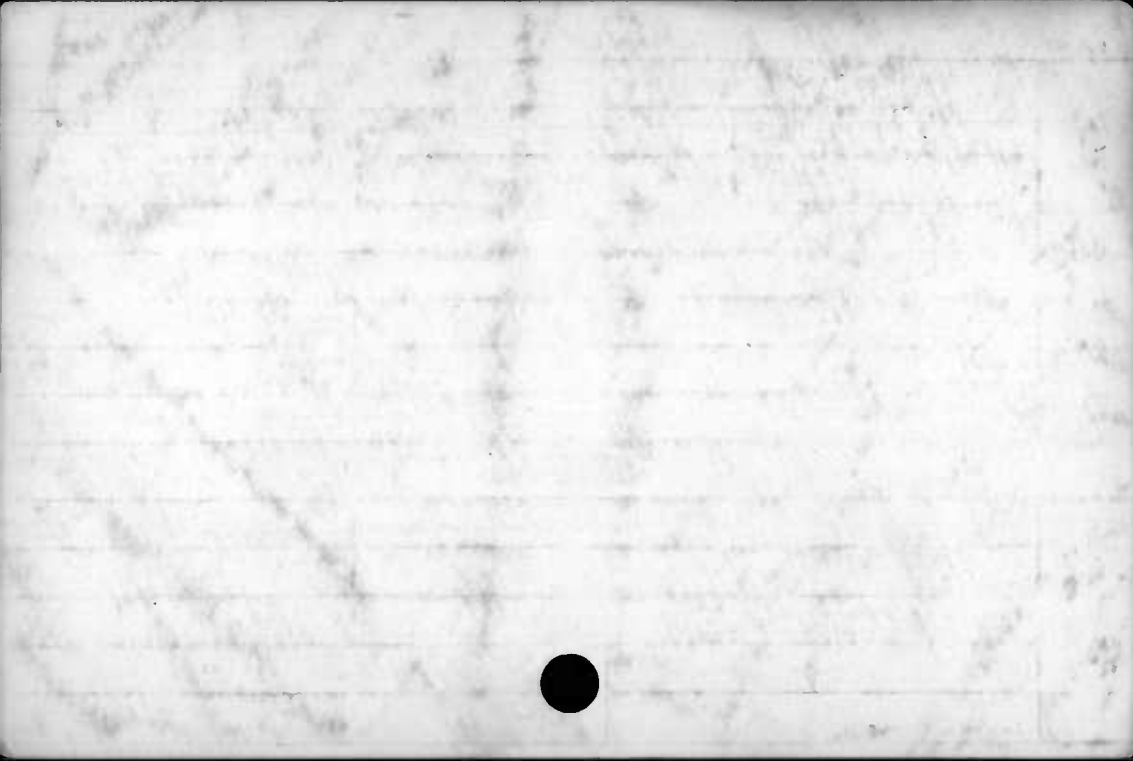
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Marston		County Carroll		MARYLAND	
Date of death 1900	Month Mch.	Day 21	Age	Years 89	Months 1	Days 25	
Sex Female	Color or Race White		Birth- place Maryland				
Married, Single or Widowed Widowed		Occupation Housewife					
Name of Wife or Husband Amos Miller							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information Mr. J. Epp. 79				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Heart Disease	How long	1 Week
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	F. T. Brooks MD
Yes		Address	Marston Md.
Accident or Suicide?			



Name
in
Full

33 Margaret Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rice</i>		Town		County <i>Carroll</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>March</i>	Day <i>3</i>	Age <i>80</i>	Years	Months <i>9</i>	Days <i>27</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>				
Married, Single or Widowed <i>Widow</i>			Occupation				
Name of Wife or Husband <i>Veit Miller</i>							
Father's Name <i>Least Known</i>				Father's Birthplace			
Mother's Maiden Name <i>Least Known</i>				Mother's Birthplace			
Name of person giving information <i>Peter Miller</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart Failure</i>	How long <i>93</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. J. Hering</i>
	Address <i>Hart</i>
Accident or Suicide?	<i>No</i>

St. Luther's Church
Dennard

Name
in
Full

David Mort

78

CERTIFICATE OF DEATH

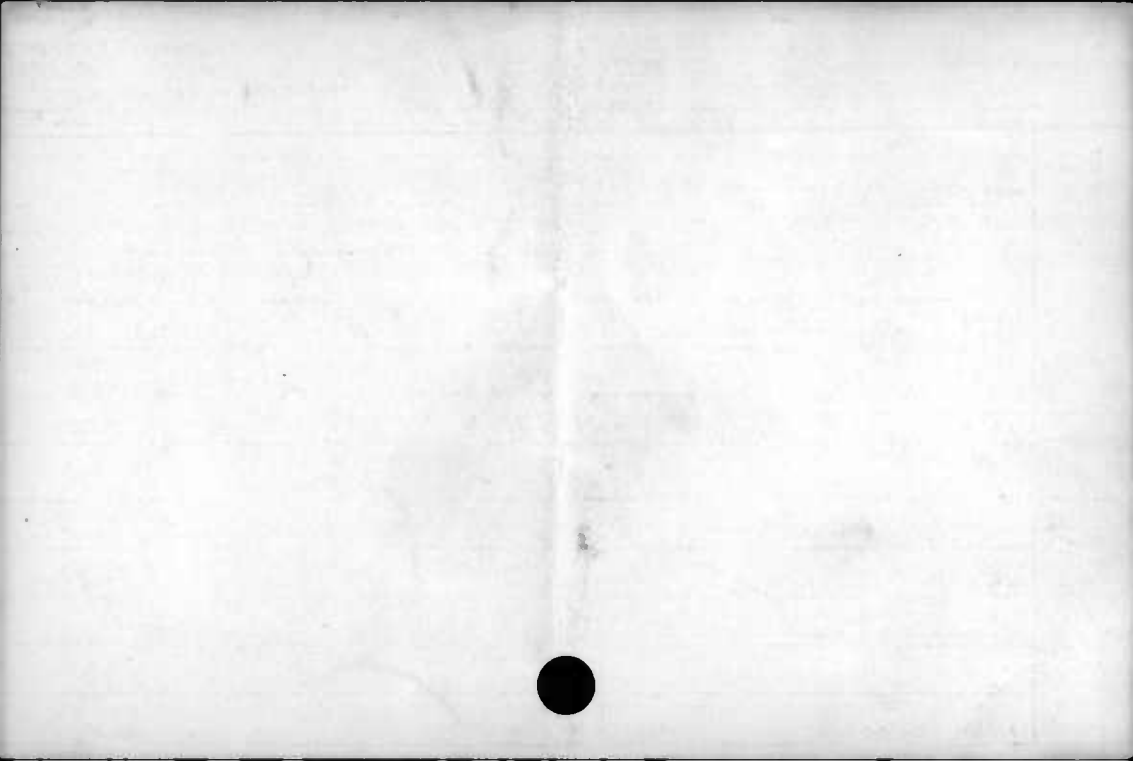
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Middleburg</i>		^{County} <i>Carroll</i>		MARYLAND	
Date of death 190	3	Month	<i>March</i>	Day	8
Age		67		Months	
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Married, Single or Widowed		<i>Widower</i>		Occupation	<i>Stone mason</i>
Name of Wife or Husband					
Father's Name			<i>Geo. Mort</i>		
Father's Birthplace			<i>Md</i>		
Mother's Maiden Name			<i>Don't know</i>		
Mother's Birthplace					
Name of person giving information			<i>J. P. Delphuy 79</i>		
How related to deceased			<i>Son in Law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cardiac Asthma</i>	How long	<i>38 yrs</i>
Immediate	<i>Heart Failure</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Union</i>		<i>D. H. L. Fair</i>	
		Address	
		<i>Bridge</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

James Pennington
 Died at Hampstead Town Cabell County MARYLAND

Date 19 03 13 10 Month Day Y. M. D. Age 53 10 21 Native of md Occupation Farmer
 Male White Married Widow Divorced Female Colored Single Widower Number of children living 1

Husband of Annada J. Pennington
 Father's Name James Pennington Mother's Maiden Name Elizabeth Hagle

Cause of Death Primary Supposed Heart trouble How long sick 79
Immediate Accident, Suicide, Homicide

Reported by R. C. Wells M.D.

Address Hampstead Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

189-0-0
50-10-00



Muriel Margaret Ritter

Died at ^{Town} **Sykesville** ^{County} **Carroll** **MARYLAND**

Date 19**43** ^{Month} **Mar** ^{Day} **10** Age **11** ^{Y.} **-** ^{M.} **-** ^{D.} **-** Native of **Md** Occupation **—**

~~Male~~ ^{White} **White** ^{Marr} **Marr** ^{Widow} **Widow** ^{Divorced} **Divorced**

^{Female} **Female** ^{Colored} **Colored** ^{Single} **Single** ^{Widower} **Widower** Number of children living **0**

Husband
of
Wife

Father's Name **Walter R Ritter** Mother's Name **Mary M. Callahan**

Cause of Death { Primary **Acute Meningitis** How long sick **2 days**
Immediate **Failure of Nervous system** ~~Accident, Suicide, Homicide~~

Reported by

Daniel B Sprecher

Address

Sykesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eliza Jane Sell

Died at *Lyons* Town

County

Barren

MARYLAND

Date

of death 190 *3*

Month

3

Day

9

Years

Age *70*

Months

4

Days

20

Sex

*Female*Color or
Race*White*Birth-
place*Md.*Married, Single
or Widowed*Married*

Occupation

*Housewife*Name of Wife or
Husband*Henry Sell*Father's
Name*Jacob Bauscorn*Father's
Birthplace*Md.*Mother's
Maiden Name*Eliza Guigling*Mother's
Birthplace*Md.*Name of person giving
Information*Henry Sell*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Tuberculosis of

How long

3 yrs.

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Luther Kemp
Uniontown Md.

Accident or Suicide?



Name
in
Full

328
Jacob Shaffer

CERTIFICATE OF DEATH

MARYLAND

Died at *Westminster*

Town

Carroll

County

Date
of death 190 *3*

Month
Mar

Day
3

Age
73

Months
4 -

Days
14

Sex
Male

Color or
Race
White

Birth-
place
Manchester

Married, Single
or Widowed
Single

Occupation
Retired

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
In formation

Luther Vincent

How related
to deceased
Nephew

CAUSES OF DEATH

Primary
Old age

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Jas. J. Henning
Westminster

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Lemmon Reforum

Benjaminis

Name In Full

Certificate of Death

Rachael Selpatrick

Town

County

Died at Springfield State Hospital Sykesville Carroll Co. MARYLAND

Date 1903 3 29 Age 31 Y. M. D. Native of Md Occupation School Teacher

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of —
Wife

Father's Name 2

Mother's 2

Maiden Name

Cause of Primary Pthisis Pulmonalis

How long sick 3 weeks

Death Immediate Exhaustion

~~Accident. Suicide. Homicide~~

Reported by John Wurfack Morris M. D.

Address Sykesville, Carroll Co. Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75848



Keziah Simpser
 Died at *Greenmount* ^{Town} *Carroll* ^{County} MARYLAND

Date 1903 *March 30* | Age *82* | Y. *-* M. *-* D. *-* | Native of *Maryland* | Occupation *Housewife*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *2*

Husband of *Her Simpser*
 Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary *Paralysis* | Immediate *Dropy* } | How long sick *3 years*
 Accident, Suicide, Homicide

Reported by *J H Sherman M.D.*
 Address *Branchester Carroll Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Still Born

Died at Near Hampstead Carroll Town County MARYLAND

Date 1903 Mar 22 Month Day Y. M. D. Native of Occupation

Male White Married Widow Divorced
Female Colored Single Widower Number of children living

Husband or Wife
Father's J. G. Stagner Mother's Bettie Stagner
Name Name

Cause of Primary How long sick
Death Immediate Accident, Suicide, Homicide

Reported by R. H. Wells OVER
Address Hampstead OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Henrietta Stimler

Town

County

Died at

Langetown

Leanne

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

3 3 11

Age

62-4 24

Md

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Phillip Stimler.

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

2 1/2 Hrs

Death

Immediate

Mitral insufficiency

~~Accident, Suicide, Homicide~~

Reported by

Lo N Weaver M.D.

Address

Langetown

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596K



Name in Full

Certificate of Death

Ephraim Stouffer

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

3

4

Age

72

3

17

Md

Farmer

Male

White

Married

~~Widow~~

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

104

Cause of

Primary

How long sick

24 Hours

Death

Immediate

Acute indigestion

Accident, Suicide, Homicide

Reported by

Address

C P Baile

New Windsor

Md

Over

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr Geo H Brown was in attendance

Name in Full

George Stull ✓

Died at *Pataposco* Town *Carroll* County *MARYLAND*

Date 19 *03* *3-9* Month Day Y. M. D. Age *66-11-7* Native of *Ind* Occupation *Farmer*

Male White Married Widow Divorced
 Female Colored Single Widower Number of children living *2*

Husband of *Mary Etta Stull*

Father's Name *2* Mother's Maiden Name *2*

Cause of Death { Primary *Hereditary* 40 How long sick
 Immediate *Cancer Stomach* Accident, Suicide, Homicide

Reported by *R. C. Wills M.D.*Address *Hampstead Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1905-5-7

1836-4-2

65-11-7

30m off 2

10m off 1

Name
in Full

329

Blatin

Stultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Westminster</u> Town		County <u>Carroll</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Mar.</u>	Day <u>8</u>	Age <u> </u>	Years <u> </u>	Months <u> </u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Westminster Md.</u>	
Married, Single or Widowed <u> </u>			Occupation <u> </u>		
Name of Wife or Husband <u> </u>					
Father's Name <u>John Stultz</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Fritz</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving Information <u>John Stultz</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Premature</u>	How long <u>151</u>
Immediate <u>Exhaustion</u>	How long <u>18 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas R Foutz, M.D.</u>
	Address <u>Westminster Md.</u>
Accident or Suicide? <u> </u>	

St Benjamins cemetery

Name in Full

Certificate of Death

Julia Ann Sullivan.

Died ^{near} ^{Town} Pateytown ^{County} Carroll MARYLAND

Date 1893 3 31 Age 82 Y. 4 M. 16 D. 16 Native of Md. Occupation Retired

Male White Married Widow ~~Divorced~~ Female Colored Single Widower Number of children living 2

Husband of David Sullivan

Wife

Father's Name David Stuffer Mother's Name Do not know

Cause of Death { Primary Influenza 10 How long sick 7 weeks

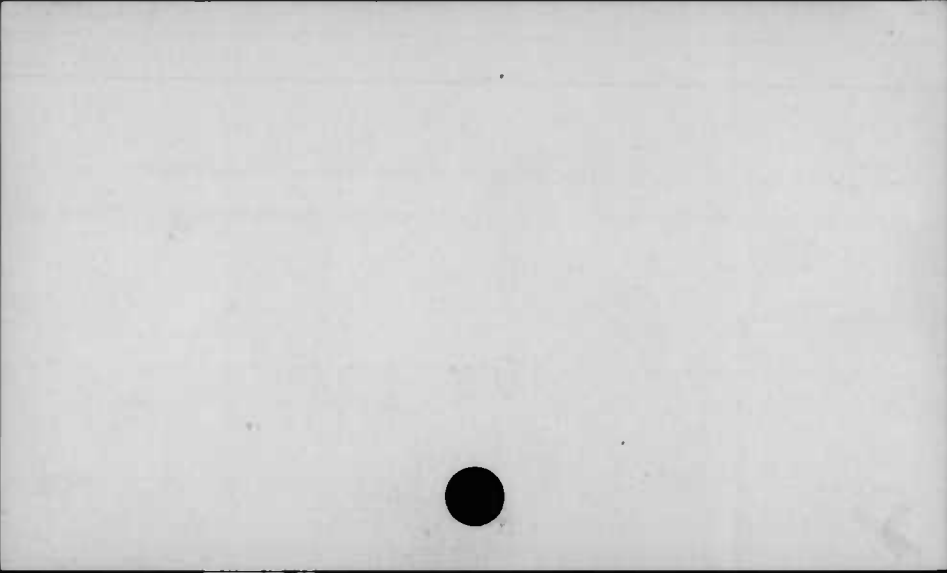
Immediate Transition - Accident, Suicide, Homicide

Reported by H. H. Weiss, M.D.

Address Pateytown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name In Full

Certificate of Death

325 Catharina White

Died at Resurrection County

MARYLAND

Data 1943 4th Month 4 Day Y. M. D. Native of Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband of John White
 Wife

Father's Name Mother's Name Catharina Eisenhutte
 Maiden Name

Cause of Death { Primary Paralysis. 66
 Immediate Heart. 66
 How long sick
 Accident, Suicide, Homicide

Reported by Dr. E. Mathias M.D.
 Address Resurrection Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Therman Roosevelt Half

CERTIFICATE OF DEATH

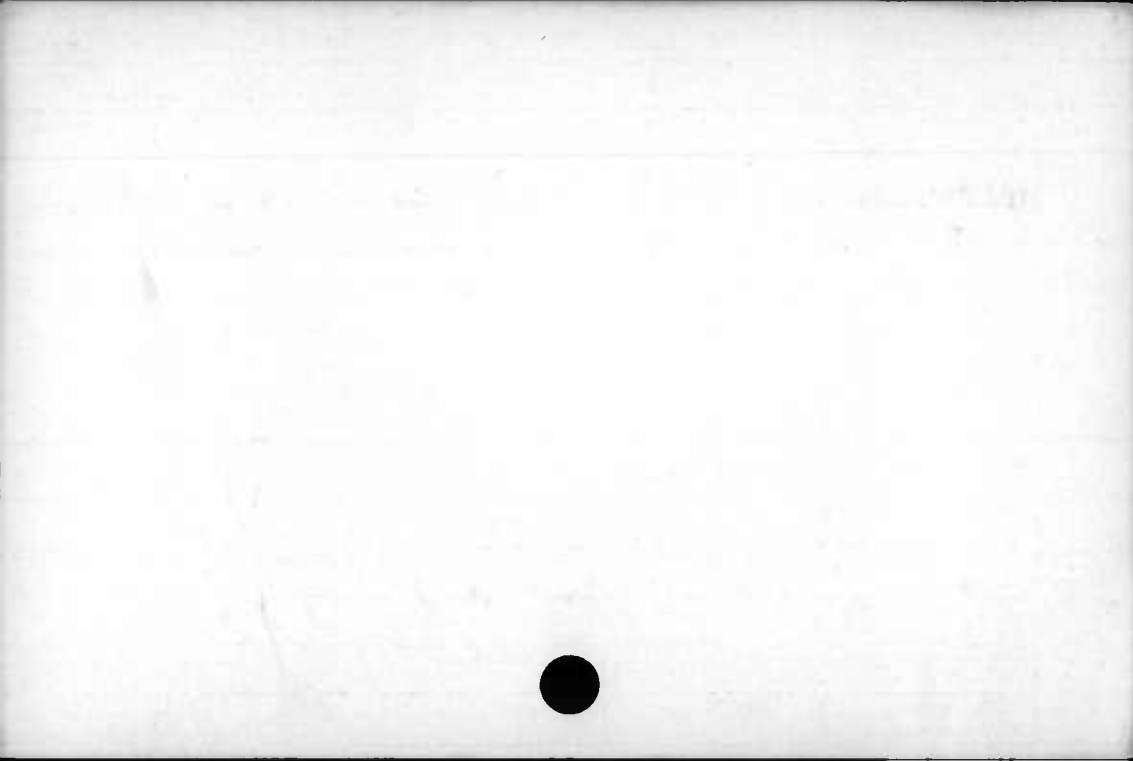
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darby Hill</i> Town			<i>Carroll</i> County			MARYLAND	
Date of death 190 <i>8</i>	Month <i>Mar.</i>	Day <i>22nd</i>	Age <i>1</i>	Years	Months <i>3</i>	Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed				Occupation <i>None</i>			
Name of Wife or Husband							
Father's Name <i>Chas. E. Half</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lena C. Taylor</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Chas. E. Half</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Bronchitis</i>	How long <i>One week</i>
Immediate <i>Heart Failure</i>	How long <i>One minute</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Luther Kemp.</i>
	Address <i>Uniontown Md.</i>
Accident or Suicide?	



Name in Full		Millie E Zahn				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town	County		MARYLAND	
	Westminster		Carroll				
	Date of death 1903	Month	Day	Years	Months	Days	
	3	March	5	21			
	Sex	Female	Color or Race	White	Birth-place	Maryland	
	Married, Single or Widowed	Single		Occupation			
	Name of Wife or Husband						
PHYSICIAN OR CORONER	Father's Name				Father's Birthplace		
	Edward L Zahn				Maryland		
	Mother's Maiden Name				Mother's Birthplace		
	Elizabeth Leas				do		
Name of person giving information				How related to deceased			
Elizabeth Zahn				Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long		
	Tuberculosis						
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				27		
	Yes				J. J. Coonan		
Signature of Physician				Address			
Westminster				Md			
Accident or Suicide?							

